# Management of Clinical Supervision in Increasing Educator Competence at Madrasah Tsanawiyah Negeri 3 Langkat

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## ABSTRACT

This study aims to reveal and analyze activities that include visits classified into two types: individual clinical supervision and collective supervision. Individual clinical supervision includes class visits, teacher requests, individual communication, and a personal evaluation process for learning. Collective clinical supervision is carried out through teacher group work, workshops, committees, teacher meetings, learning demonstrations, field trips, lectures/studies, curriculum laboratories, and panel discussions; and 3) Factors supporting and impeding clinical supervision management in improving teaching staff competence at Madrasah Tsanawiyah Negeri 3 Langkat. Teachers on average master information and technology such as LCD, Infous, PPT, video, and learning media, as well as the availability of the internet and mosques. The teacher then provides administrative reports, the teachers want to adapt to technological developments, the madrasa head can create a comfortable working environment, and the madrasa head motivates, loves, cares for, guides, and fosters the teachers. Then there are time constraints, teachers who are not mentally prepared when supervision is held, teachers who do not understand clinical supervision, the electricity that is not evenly distributed in class, teacher awareness to improve themselves, not yet able to collaborate, madrasa supervisors who do not provide guidance and guiding teachers, supervision that is not continuous for repairs, electronic facilities and infrastructure that are still inadequate.

**Keywords: Management, Clinical Supervision, Competency of Educators**

## A. INTRODUCTION

As religious-based educational institutions, madrasas are part of resource optimization, management, and control. The principle of delegating authority in management and decision-making is based on the demands and needs of each school, as well as its implementation (Ngalim, 2008). School supervision is critical for developing students' creative potential and creating a positive school culture (Piet et al, 2008). The madrasa head has carried out clinical supervision, according to observations made by researchers during pre-observation at MTsN 3 Langkat. Because this madrasa is the best in the Langkat district. However, not all school principals are capable of carrying out their clinical supervision responsibilities. Clinical supervision of teachers is one of the typical supervisions carried out in schools to improve teachers' performance in class. Supervision is important in madrasah because supervision activities aim to improve the teaching and learning situation in the classroom, specifically by assisting teachers in growing personally and professionally, as well as learning to solve problems in their assignments.

Clinical supervision is a face-to-face process in which supervisors and educators discuss learning-related issues (Soetjipto et al., 2004), to improve learning and professional development (Ali Imron, 2011), to foster teachers and reduce the gap between real teaching behavior and ideal teaching behavior (Made Pidarta, 1992), a type of supervision that is focused on improving teaching through systemic cycles, planning, observation, intensive analysis.

Factors supporting academic supervision implementation include motivating teachers so that they want to learn and practice more effective and efficient learning methods. Various supporting factors are required for the implementation of effective supervision. Clinical supervision management can be defined as an effort by the leadership or head of the madrasah to provide professional guidance to teachers based on the needs of teaching to improve teachers' professional competence. Clinical supervision management is carried out systematically, including planning and detailed observations.

Clinical supervision management is required to improve teaching staff ability or competence. Clinical supervision management is one of the efforts made by the madrasa's head in conducting mature, systematic, and continuous guidance on teacher professionalism when they fail to carry out their duties of conducting classroom learning.

This study focuses on Clinical Supervision Management in Improving the Competence of Educators at Madrasah Tsanawiyah Negeri 3 Langkat, with a research sub-focus on clinical supervision management, clinical supervision management models, and clinical supervision

management supporting and inhibiting factors in improving the competence of teaching staff at Madrasah Tsaniwiyah 3 Langkat.

## B. LITERATURE REVIEW

**Philosophy of Clinical Supervision Management**

Understanding Management is the science and art of managing the process of utilizing human resources and other sources effectively and efficiently to achieve a certain goal (Malayu, 1997). Arrangements are made through a process and are arranged based on the sequence of the management functions. Management is a process to realize the desired goals (Malay, 2005). Etymologically the term supervision comes from the English word "supervision" which means supervision (Sudarwan, 2013). Morphologically, supervision consists of two words, namely super (above) and Vision (see, see, point, observe, or supervise). Clinical supervision is a form of supervision that is focused on improving teaching through systematic cycles of planning, observation, and intensive intellectual analysis of real teaching performance, in making changes rationally (Ngalim, 2013).

The purpose of clinical supervision itself is to maintain the consistency of teacher motivation and performance in carrying out the learning process. Encouraging teacher openness to supervisors regarding weaknesses in carrying out learning. Creating conditions so that teachers continue to maintain and improve the quality of professional practice according to competency standards and a code of ethics that have been established and agreed upon. Creating teacher awareness about their responsibility for implementing quality learning, both the process and the results. Helping teachers to continuously improve and improve the quality of the learning process by increasing mastery of science, technology, general knowledge, and special skills needed in the learning process. Helping teachers to identify and analyze problems found in the learning process, both inside and outside the classroom. Helping to find ways to solve problems in the learning process at school so that they find added value for students and society. Helping teachers to develop a positive attitude towards the profession in sustainably developing themselves, both individually and in groups in an institutionalized way or on their initiative (Danim et all, 2013).

Clinical supervision is part of academic supervision. Academic supervision, namely supervision activities carried out by the school principal to increase the ability of teachers in the learning process and administrative staff in schools. So it can be said that clinical supervision is supervision carried out by school principals to support teacher competence and administration in schools (Agustini et all, 2013).

Approaches and models of clinical supervision are a convergence between scientific approaches and artistic approaches. The term clinical supervision is derived from medical terms with the assumption and hope that the familiarity that occurs between doctors and patients can also be applied in the implementation of supervision, namely there is familiarity and good communication patterns between supervisors and teachers. Clinical supervision is an attempt to see and find weak points and obstacles in learning, then efforts are made to be able to correct these weaknesses, using a systematic cycle, which starts from planning, observation, and feedback stages. In the end, it will make it easier for teachers to improve their professionalism.

Factors supporting the implementation of academic supervision are giving motivation to teachers so that teachers are motivated so they want to learn and practice more effective and efficient learning methods. Implementation of effective supervision needs various supporting factors. The inhibiting factor in the implementation of academic supervision is the centralized work system that is still attached. Teachers need to get used to a new work culture in the spirit of educational autonomy and regional autonomy which demands creativity and hard work, old habits at work must be abandoned. The creativity of a teacher is needed because the creativity of a teacher can have an impact on the quality of education (Fahmi, 2018).

**Educator Competency**

The pedagogic competence of education personnel is related to the ability of a teacher to understand a student, plan and implement learning, develop students, and evaluate students. Pedagogical competence is not obtained suddenly but through continuous teaching and learning efforts, supported by the talent, intention, and systematic educational potential of each concerned. In the Republic of Indonesia, Law Number 14 of 2005 Article 8 teacher competencies include personal competence, pedagogic competence, social competence, and professional competence that will be obtained if they take professional education.

The pedagogical competencies contained in the Law on the National Education System in article 28 paragraph 3 point (a) are the ability to manage student learning including understanding students, designing and implementing learning, evaluating learning outcomes, and developing students to actualize the various potentials that have. Mulyasa (2009: 75) asserts that pedagogical competence includes at least the following aspects, namely: (a) understanding of educational insights and foundations, (b) understanding of students, (c) curriculum/syllabus development, (d) learning design, (e) implementing educational and dialogic learning, (f) utilizing learning technology, (g) evaluating learning outcomes (EHB),

and (h) developing students to actualize their various potentials the teacher's pedagogical competence is served as teaching, guiding, and as a class administrator. (Sudjana, 2011:20).

## C. METHODS

This research used a qualitative method where the subjects of this study were the principal, vice principal, and teacher. Data collection techniques using interview techniques, observation, and document studies. Analysis of the research data uses the steps proposed by Miles & Huberman (1994) which include data reduction, data presentation, and conclusions. In strengthening the validity of the data findings and research authenticity, the researcher refers to the use of data validity standards suggested by Lincoln & Guba (1985), which consist of credibility, transferability, dependability, and confirmability.

## D. RESULTS AND DISCUSSION

Regarding the management of clinical supervision at Madrasah Tsanawiyah Negeri 3 Langkat, it can be concluded that the madrasa head, deputy head of madrasa, senior subject teachers, and madrasa supervisor have carried out clinical supervision in various ways; (1) the Madrasah head, deputy madrasah head, senior subject teacher, and madrasah supervisor provide input or reinforcement related to the learning process; (2) The Madrasah head, deputy madrasah head, senior subject teacher, and madrasah supervisor plan and schedule clinical supervision of the teacher council, both those who volunteer to be supervised and those who do not volunteer; (3) Madrasah heads, vice principals, senior subject teachers, and madrasah supervisors motivate teachers to be even more enthusiastic about teaching; (4) The Madrasah head, vice principal, senior subject teacher, and madrasah supervisor provide input so that writing, reading and scientific publications should not be abandoned; (5) Madrasah heads, vice principals, senior subject teachers, and madrasah supervisors encourage teachers who are already good at teaching to keep them and not feel satisfied; (6) Madrasah heads, vice principals, senior subject teachers, and madrasa supervisors teach how to be professional teachers; (7) the Madrasah head, deputy madrasah head, senior subject teacher, and madrasa supervisor supervise clinically so that the administration and teaching materials are well prepared; (8) Madrasah heads, vice principals, senior subject teachers, and madrasa supervisors supervise clinically so that they are active in teacher forums Subject Teacher Consultations and Teacher Working Groups.

The findings of the two studies revealed that the clinical supervision management model was used to improve the competence of teaching staff at Madrasah Tsanawiyah Negeri 3

Langkat. These activities include visits classified into two types: individual clinical supervision and collective supervision. Individual clinical supervision includes class visits, teacher requests, individual communication, and a personal evaluation process for learning. Teacher group work, workshops, committees, teacher meetings, learning demonstrations, field trips, lectures/studies, curriculum laboratories, and panel discussions are all used to carry out this type of collective clinical supervision.

The findings of the three studies show that numerous factors help and hinder clinical supervision management in improving the competence of teaching staff at Madrasah Tsanawiyah Negeri 3 Langkat. Teachers on average master information and technology such as LCD, Infous, PPT, video, and learning media, as well as the availability of the internet and mosques. The teacher then provides administrative reports, the teachers want to adapt to technological developments, the madrasa head can create a comfortable working environment, and the madrasa head motivates, loves, cares for, guides, and fosters the teachers.

Then there are time constraints, teachers who are not mentally prepared when supervision is held, teachers who do not understand clinical supervision, the electricity that is not evenly distributed in class, teacher awareness to improve themselves, not yet able to collaborate, madrasa supervisors who do not provide guidance and guiding teachers, supervision that is not continuous for repairs, electronic facilities and infrastructure that are still inadequate.

## E. CONCLUSION

Based on the findings and discussion of the research that has been presented by the researcher by the focus or research formulation at Madrasah Tsanawiyah Negeri 3 Langkat, various conclusions can be drawn, namely:

1. The management of clinical supervision at Madrasah Tsanawiyah Negeri 3 Langkat is carried out by the head of the madrasa, deputy head of the madrasa, senior subject teachers, and the supervisor of the madrasa have carried out clinical supervision in various ways; (1) the Madrasah head, deputy madrasah head, senior subject teacher, and madrasah supervisor provide input or reinforcement related to the learning process; (2) The Madrasah head, deputy madrasah head, senior subject teacher, and madrasah supervisor plan and schedule clinical supervision of the teacher council, both those who volunteer to be supervised and those who do not volunteer; (3) Madrasah heads, vice principals, senior subject teachers, and madrasah supervisors motivate teachers to be even more enthusiastic about teaching; (4) The Madrasah head, vice principal, senior subject teacher, and madrasah supervisor provide input so that writing, reading and

scientific publications should not be abandoned; (5) Madrasah heads, vice principals, senior subject teachers, and madrasah supervisors encourage teachers who are already good at teaching to keep them and not feel satisfied; (6) Madrasah heads, vice principals, senior subject teachers, and madrasa supervisors teach how to be professional teachers; (7) the Madrasah head, deputy madrasah head, senior subject teacher, and madrasa supervisor supervise clinically so that the administration and teaching materials are well prepared; (8) Madrasah heads, deputy madrasah heads, senior subject teachers, and madrasah supervisors supervise clinically so that they are active in teacher forums Subject Teacher Consultations and Teacher Working Groups.

2. The clinical supervision management model in improving the competence of teaching staff at Madrasah Tsanawiyah Negeri 3 Langkat has many activities carried out. These activities include visits divided into 2 types, the first type is the individual clinical supervision type and the second type is the collective supervision type. Types of individual clinical supervision include class visits to class, requests from teachers, individual communication, and the evaluation process of learning is personal. This type of collective clinical supervision is carried out through teacher group work, workshops, committees, teacher meetings, learning demonstrations, field trips, lectures/studies, curriculum laboratories, and panel discussions.

3. Factors supporting and inhibiting clinical supervision management in improving the competence of teaching staff at Madrasah Tsanawiyah Negeri 3 Langkat. Supporting factors include the availability of the internet and mosques, teachers on average master information and technology such as LCD, Infous, PPT, video, and learning media. Then the teacher gives administrative reports, the teachers want to adapt to technological developments, the head of the madrasa can create a comfortable working climate, and the head of the madrasa motivates, loves, takes care of, guides, and fosters the teachers. Then the inhibiting factors at Madrasah Tsanawiyah Negeri 3 Langkat include time constraints, mental not ready when supervision is held, teachers do not understand clinical supervision, electricity is not evenly distributed in class, teacher awareness to improve themselves, not yet able to collaborate, madrasa supervisors not provide guidance, and guiding teachers, supervision is not continuous for repairs, electronic facilities, and infrastructure is still inadequate such as laptops, InFocus, speakers, and sports equipment.

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